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| Fill in this information to identify your case: |                               |                                 |
|-------------------------------------------------|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|                                                 | ■ Chapter 7                   |                                 |
|                                                 | ☐ Chapter 11                  |                                 |
|                                                 | ☐ Chapter 12                  |                                 |
|                                                 | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself                                                                              |                                          |  |                                               |  |  |
|-----|-----------------------------------------------------------------------------------------------------|------------------------------------------|--|-----------------------------------------------|--|--|
|     |                                                                                                     | About Debtor 1:                          |  | About Debtor 2 (Spouse Only in a Joint Case): |  |  |
| 1.  | Your full name                                                                                      |                                          |  |                                               |  |  |
|     | Write the name that is on                                                                           | Reuben                                   |  |                                               |  |  |
|     | your government-issued picture identification (for example, your driver's                           | First name                               |  | First name                                    |  |  |
|     | license or passport).                                                                               | Middle name                              |  | Middle name                                   |  |  |
|     | Bring your picture identification to your meeting with the trustee.                                 | Carr, Sr.                                |  |                                               |  |  |
|     |                                                                                                     | Last name and Suffix (Sr., Jr., II, III) |  | Last name and Suffix (Sr., Jr., II, III)      |  |  |
|     |                                                                                                     |                                          |  |                                               |  |  |
| 2.  | All other names you have used in the last 8 years                                                   |                                          |  |                                               |  |  |
|     | Include your married or maiden names.                                                               |                                          |  |                                               |  |  |
| 3.  | Only the last 4 digits of                                                                           |                                          |  |                                               |  |  |
|     | your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-6605                              |  |                                               |  |  |

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Case number (if known)

Debtor 1 Reuben Carr, Sr.

|                                                                                                                                                | About Debtor 1:                                                                                                                                                                           | Α                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | bout Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I have not used any business name or EINs. usiness name(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                | EINs                                                                                                                                                                                      | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Where you live                                                                                                                                 | 11746 S UNION<br>Chicago, II 60628                                                                                                                                                        | lf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Debtor 2 lives at a different address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                | Number, Street, City, State & ZIP Code                                                                                                                                                    | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | umber, Street, City, State & ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ounty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | lf<br>ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Debtor 2's mailing address is different from yours, fill it here. Note that the court will send any notices to this nailing address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                          | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | umber, P.O. Box, Street, City, State & ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Why you are choosing this district to file for bankruptcy                                                                                      | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | have lived in this district longer than in any other district.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names  Where you live  Why you are choosing this district to file for   | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names  Business name(s)  EINs  ### I have not used any business name or EINs.  ### Business name(s)  ### I have not used any business name or EINs.  ### Business name(s)  ### Business name(s)  ### EINs  ### Business name(s)  ### Business name(s)  ### Business name(s)  ### Business name(s)  ### Business name or EINs.  ### Business name or | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names  Business name(s)  EINS  Business name(s)  EINS  EINS  Business name(s)  EINS  EINS  EINS  Where you live  If 3 UNION Chicago, IL 60628 Number, Street, City, State & ZIP Code  Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street, City, State & ZIP Code  If your mailing address. |

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Case number (if known) Debtor 1 Reuben Carr, Sr.

| ar         | Tell the Court About                                                         | Your B      | ankruptcy Ca   | se                                    |                                                              |                                                                         |                                                                                                            |  |
|------------|------------------------------------------------------------------------------|-------------|----------------|---------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|
| 7.         | The chapter of the Bankruptcy Code you are                                   |             |                |                                       | of each, see <i>Notice Requi</i><br>page 1 and check the app | red by 11 U.S.C. § 342(b) for Independent                               | dividuals Filing for Bankruptcy                                                                            |  |
|            | choosing to file under                                                       | ■ Chapter 7 |                |                                       |                                                              |                                                                         |                                                                                                            |  |
|            |                                                                              | □ с         | hapter 11      |                                       |                                                              |                                                                         |                                                                                                            |  |
|            |                                                                              | □ с         | hapter 12      |                                       |                                                              |                                                                         |                                                                                                            |  |
|            |                                                                              | □ с         | hapter 13      |                                       |                                                              |                                                                         |                                                                                                            |  |
|            |                                                                              |             |                |                                       |                                                              |                                                                         |                                                                                                            |  |
| 3.         | How you will pay the fee                                                     |             | about how yo   | u may pay. Typ<br>attorney is subr    | ically, if you are paying the                                | e fee yourself, you may pay with                                        | your local court for more details<br>cash, cashier's check, or money<br>y with a credit card or check with |  |
|            |                                                                              |             |                |                                       | allments. If you choose the (Official Form 103A).            | is option, sign and attach the Ap                                       | oplication for Individuals to Pay                                                                          |  |
|            |                                                                              |             | but is not req | uired to, waive y                     | our fee, and may do so or                                    | nly if your income is less than 15                                      | Chapter 7. By law, a judge may, 50% of the official poverty line that                                      |  |
|            |                                                                              |             |                |                                       |                                                              | the fee in installments). If you chood (Official Form 103B) and file it | ose this option, you must fill out with your petition.                                                     |  |
| <b>)</b> . | Have you filed for                                                           | ■ No        | ).             |                                       |                                                              |                                                                         |                                                                                                            |  |
|            | bankruptcy within the last 8 years?                                          | □ Ye        | es.            |                                       |                                                              |                                                                         |                                                                                                            |  |
|            |                                                                              |             | District       |                                       | When                                                         | Case num                                                                | ber                                                                                                        |  |
|            |                                                                              |             | District       |                                       | When                                                         | Case num                                                                | ber                                                                                                        |  |
|            |                                                                              |             | District       |                                       | When                                                         | Case num                                                                | ber                                                                                                        |  |
| 10.        | Are any bankruptcy                                                           | ■ No        | <u> </u>       |                                       |                                                              |                                                                         |                                                                                                            |  |
|            | cases pending or being filed by a spouse who is                              | ☐ Ye        |                |                                       |                                                              |                                                                         |                                                                                                            |  |
|            | not filing this case with you, or by a business partner, or by an affiliate? | ште         | ·s.            |                                       |                                                              |                                                                         |                                                                                                            |  |
|            |                                                                              |             | Debtor         |                                       |                                                              | Relationship                                                            | o to you                                                                                                   |  |
|            |                                                                              |             | District       |                                       | When                                                         | Case numb                                                               | er, if known                                                                                               |  |
|            |                                                                              |             | Debtor         |                                       |                                                              | Relationship                                                            | o to you                                                                                                   |  |
|            |                                                                              |             | District       |                                       | When                                                         | Case numb                                                               | er, if known                                                                                               |  |
| 11.        | Do you rent your residence?                                                  | ■ No        | Go to l        | ne 12.                                |                                                              |                                                                         |                                                                                                            |  |
|            | rootuerioe :                                                                 | ☐ Ye        | es. Has yo     | ur landlord obta                      | nined an eviction judgment                                   | against you?                                                            |                                                                                                            |  |
|            |                                                                              |             |                | No. Go to line                        | 12.                                                          |                                                                         |                                                                                                            |  |
|            |                                                                              |             |                | Yes. Fill out Initial this bankruptcy |                                                              | viction Judgment Against You (F                                         | form 101A) and file it as part of                                                                          |  |
|            |                                                                              |             |                |                                       |                                                              |                                                                         |                                                                                                            |  |

Document Page 4 of 45 Case number (if known) Debtor 1 Reuben Carr, Sr. Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs

urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Reuben Carr, Sr.

Case number (if known)

### Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | Reuben Carr, Sr.                                               |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                        | Case num                                                                                      | ber (if known)                                                                              |  |  |  |
|-----|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|--|--|
| Par | t 6: Answer These Quest                                        | ions for R                                                                                                                                                                                                                                          | eporting Purposes                                                                                                                                                                                      |                                                                                               |                                                                                             |  |  |  |
| 16. | What kind of debts do you have?                                | 16a.                                                                                                                                                                                                                                                | individual primarily for a po                                                                                                                                                                          | r consumer debts? Consumer debts are de ersonal, family, or household purpose."               | efined in 11 U.S.C. § 101(8) as "incurred by an                                             |  |  |  |
|     |                                                                |                                                                                                                                                                                                                                                     | ☐ No. Go to line 16b.                                                                                                                                                                                  |                                                                                               |                                                                                             |  |  |  |
|     |                                                                |                                                                                                                                                                                                                                                     | Yes. Go to line 17.                                                                                                                                                                                    |                                                                                               |                                                                                             |  |  |  |
|     |                                                                | 16b.                                                                                                                                                                                                                                                | <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |                                                                                               |                                                                                             |  |  |  |
|     |                                                                |                                                                                                                                                                                                                                                     | ☐ No. Go to line 16c.                                                                                                                                                                                  |                                                                                               |                                                                                             |  |  |  |
|     |                                                                |                                                                                                                                                                                                                                                     | ☐ Yes. Go to line 17.                                                                                                                                                                                  |                                                                                               |                                                                                             |  |  |  |
|     |                                                                | 16c.                                                                                                                                                                                                                                                | State the type of debts you                                                                                                                                                                            | u owe that are not consumer debts or busin                                                    | ess debts                                                                                   |  |  |  |
| 17. | Are you filing under<br>Chapter 7?                             | □ No.                                                                                                                                                                                                                                               | I am not filing under Chap                                                                                                                                                                             | ter 7. Go to line 18.                                                                         |                                                                                             |  |  |  |
|     | Do you estimate that after any exempt property is excluded and | Yes.                                                                                                                                                                                                                                                | I am filing under Chapter 7 are paid that funds will be                                                                                                                                                | 7. Do you estimate that after any exempt pro available to distribute to unsecured creditor    | operty is excluded and administrative expenses rs?                                          |  |  |  |
|     | administrative expenses                                        |                                                                                                                                                                                                                                                     | ■ No                                                                                                                                                                                                   |                                                                                               |                                                                                             |  |  |  |
|     | are paid that funds will be available for                      |                                                                                                                                                                                                                                                     | ☐ Yes                                                                                                                                                                                                  |                                                                                               |                                                                                             |  |  |  |
|     | distribution to unsecured creditors?                           |                                                                                                                                                                                                                                                     | 55                                                                                                                                                                                                     |                                                                                               |                                                                                             |  |  |  |
| 18. | How many Creditors do                                          | <b>■</b> 1-49                                                                                                                                                                                                                                       |                                                                                                                                                                                                        | □ 1,000-5,000                                                                                 | □ 25,001-50,000                                                                             |  |  |  |
|     | you estimate that you                                          | ■ 1-49<br>□ 50-99                                                                                                                                                                                                                                   |                                                                                                                                                                                                        | ☐ 5001-10,000                                                                                 | ☐ 50,001-100,000                                                                            |  |  |  |
|     | owe?                                                           | ☐ 100-1                                                                                                                                                                                                                                             |                                                                                                                                                                                                        | □ 10,001-25,000                                                                               | ☐ More than100,000                                                                          |  |  |  |
|     |                                                                | □ 200-9                                                                                                                                                                                                                                             | 99                                                                                                                                                                                                     |                                                                                               |                                                                                             |  |  |  |
| 19. | How much do you                                                | <b>\$</b> 0 - \$                                                                                                                                                                                                                                    | 50.000                                                                                                                                                                                                 | ☐ \$1,000,001 - \$10 million                                                                  | □ \$500,000,001 - \$1 billion                                                               |  |  |  |
|     | estimate your assets to be worth?                              |                                                                                                                                                                                                                                                     | 01 - \$100,000                                                                                                                                                                                         | ☐ \$10,000,001 - \$50 million                                                                 | ☐ \$1,000,000,001 - \$10 billion                                                            |  |  |  |
|     | 50 11011111                                                    |                                                                                                                                                                                                                                                     | 001 - \$500,000                                                                                                                                                                                        | □ \$50,000,001 - \$100 million                                                                | □ \$10,000,000,001 - \$50 billion                                                           |  |  |  |
|     |                                                                | <b>□</b> \$500,                                                                                                                                                                                                                                     | 001 - \$1 million                                                                                                                                                                                      | □ \$100,000,001 - \$500 million                                                               | ☐ More than \$50 billion                                                                    |  |  |  |
| 20. | How much do you                                                | □ \$0 - \$                                                                                                                                                                                                                                          | 50,000                                                                                                                                                                                                 | ☐ \$1,000,001 - \$10 million                                                                  | ☐ \$500,000,001 - \$1 billion                                                               |  |  |  |
|     | estimate your liabilities to be?                               |                                                                                                                                                                                                                                                     | 001 - \$100,000                                                                                                                                                                                        | ☐ \$10,000,001 - \$50 million                                                                 | □ \$1,000,000,001 - \$10 billion                                                            |  |  |  |
|     |                                                                |                                                                                                                                                                                                                                                     | 001 - \$500,000                                                                                                                                                                                        | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                                | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                                   |  |  |  |
|     |                                                                | <b>□</b> \$500,                                                                                                                                                                                                                                     | 001 - \$1 million                                                                                                                                                                                      | ш \$100,000,001 - \$500 million                                                               | Li More than \$50 billion                                                                   |  |  |  |
| Par | t7: Sign Below                                                 |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                        |                                                                                               |                                                                                             |  |  |  |
| For | you                                                            | I have ex                                                                                                                                                                                                                                           | amined this petition, and I c                                                                                                                                                                          | declare under penalty of perjury that the info                                                | ormation provided is true and correct.                                                      |  |  |  |
|     |                                                                | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |                                                                                                                                                                                                        |                                                                                               |                                                                                             |  |  |  |
|     |                                                                | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).                                                |                                                                                                                                                                                                        |                                                                                               |                                                                                             |  |  |  |
|     |                                                                | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.                                                                                                                                        |                                                                                                                                                                                                        |                                                                                               |                                                                                             |  |  |  |
|     |                                                                | bankrupt<br>and 3571                                                                                                                                                                                                                                | cy case can result in fines u<br>I.                                                                                                                                                                    | ent, concealing property, or obtaining money<br>up to \$250,000, or imprisonment for up to 20 | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|     |                                                                |                                                                                                                                                                                                                                                     | ben Carr, Sr.<br>n Carr, Sr.                                                                                                                                                                           | Signature of Deb                                                                              | otor 2                                                                                      |  |  |  |
|     |                                                                |                                                                                                                                                                                                                                                     | e of Debtor 1                                                                                                                                                                                          | Oignature of Dob                                                                              |                                                                                             |  |  |  |
|     |                                                                | Executed                                                                                                                                                                                                                                            | d on July 24, 2018                                                                                                                                                                                     | Executed on                                                                                   |                                                                                             |  |  |  |
|     |                                                                |                                                                                                                                                                                                                                                     | MM / DD / YYYY                                                                                                                                                                                         |                                                                                               | IM / DD / YYYY                                                                              |  |  |  |
|     |                                                                |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                        |                                                                                               |                                                                                             |  |  |  |

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Debtor 1 Reuben Carr, Sr. Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Leonard R Gargas                   | Date          | July 24, 2018     |  |
|----------------------------------------|---------------|-------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY    |  |
|                                        |               |                   |  |
| Leonard R Gargas IL0914606             |               |                   |  |
| Printed name                           |               |                   |  |
| Attorney Leonard R. Gargas             |               |                   |  |
| Firm name                              |               |                   |  |
| 10004 W 190th Place                    |               |                   |  |
| Mokena, IL 60448                       |               |                   |  |
| Number, Street, City, State & ZIP Code |               |                   |  |
| Contact phone <b>708 633-0300</b>      | Email address | gargaslaw@aol.com |  |
| IL0914606 IL                           |               |                   |  |
| Bar number & State                     |               |                   |  |

|                     |                          | Docume            | ent Page 8 of 45 |                                    |
|---------------------|--------------------------|-------------------|------------------|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                                    |
| Debtor 1            | Reuben Carr, Sr.         |                   |                  |                                    |
|                     | First Name               | Middle Name       | Last Name        |                                    |
| Debtor 2            |                          |                   |                  |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                    |
| Case number         |                          |                   |                  |                                    |
| (if known)          |                          |                   |                  | Check if this is an amended filing |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets                                                                                                                                                                          |              |                               |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|
|     |                                                                                                                                                                                                   | Your a       | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                             | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                      | \$           | 3,200.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                           | \$           | 3,200.00                      |
| Par | 2: Summarize Your Liabilities                                                                                                                                                                     |              |                               |
|     |                                                                                                                                                                                                   |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                          |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                          | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                 | \$           | 159,229.00                    |
|     | Your total liabilities                                                                                                                                                                            | \$           | 159,229.00                    |
| Par | 3: Summarize Your Income and Expenses                                                                                                                                                             |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                         | \$           | 2,047.00                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                             | \$           | 2,537.00                      |
| Par | 4: Answer These Questions for Administrative and Statistical Records                                                                                                                              |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                    | ur other scl | hedules.                      |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                              |              |                               |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for                                                                                        | a nersonal   | family or                     |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Debtor 1 Reuben Carr, Sr.

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_504.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Total c | laim |
|------------------------------------------------------------------------------------------------------------------------------|---------|------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |         |      |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$      | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$      | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$      | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$      | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$      | 0.00 |

|                |                |                            | Document                                                                       | Page 10 of 45              |                                                         |                       |
|----------------|----------------|----------------------------|--------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------|-----------------------|
| Fill in        | this inforn    | nation to identify your    | case and this filing:                                                          |                            |                                                         |                       |
| Debto          | or 1           | Reuben Carr, Sr.           |                                                                                |                            |                                                         |                       |
|                |                | First Name                 | Middle Name                                                                    | Last Name                  |                                                         |                       |
| Debto          |                |                            |                                                                                |                            |                                                         |                       |
| (Spous         | e, if filing)  | First Name                 | Middle Name                                                                    | Last Name                  |                                                         |                       |
| Unite          | d States Ba    | nkruptcy Court for the:    | NORTHERN DISTRICT OF ILLII                                                     | NOIS                       |                                                         |                       |
|                |                |                            |                                                                                |                            |                                                         |                       |
| Case           | number _       |                            |                                                                                | _                          | [                                                       | ☐ Check if this is an |
|                |                |                            |                                                                                |                            |                                                         | amended filing        |
|                |                |                            |                                                                                |                            |                                                         |                       |
| Offi           | cial Fo        | rm 106A/B                  |                                                                                |                            |                                                         |                       |
|                |                |                            |                                                                                |                            |                                                         |                       |
| <u> 30</u>     | neaui          | e A/B: Prop                | erty                                                                           |                            |                                                         | 12/15                 |
|                |                |                            | e items. List an asset only once. If a                                         |                            |                                                         |                       |
|                |                |                            | ate as possible. If two married people<br>a separate sheet to this form. On th |                            |                                                         |                       |
| Answe          | r every ques   | tion.                      |                                                                                |                            |                                                         |                       |
| Part 1         | Describe       | Each Residence, Building   | g, Land, or Other Real Estate You Ov                                           | vn or Have an Interest In  |                                                         |                       |
|                |                |                            |                                                                                |                            |                                                         |                       |
| 1. <b>Do</b> y | you own or h   | nave any legal or equitabl | e interest in any residence, building                                          | land, or similar property? |                                                         |                       |
|                | No. Go to Part | + 2                        |                                                                                |                            |                                                         |                       |
| _              |                |                            |                                                                                |                            |                                                         |                       |
| ЦΥ             | res. Where is  | s the property?            |                                                                                |                            |                                                         |                       |
| Part 2         | Describe       | Your Vehicles              |                                                                                |                            |                                                         |                       |
|                |                |                            |                                                                                |                            |                                                         |                       |
|                |                |                            | uitable interest in any vehicles, v                                            |                            |                                                         | icles you own that    |
| some           | one else driv  | es. If you lease a vehic   | le, also report it on Schedule G: E                                            | xecutory Contracts and U   | Inexpired Leases.                                       |                       |
| 3. <b>Ca</b> ı | rs, vans, tru  | ucks, tractors, sport u    | tility vehicles, motorcycles                                                   |                            |                                                         |                       |
| _              |                |                            |                                                                                |                            |                                                         |                       |
| □ n            | No             |                            |                                                                                |                            |                                                         |                       |
|                | res .          |                            |                                                                                |                            |                                                         |                       |
|                |                |                            |                                                                                |                            |                                                         |                       |
| 3.1            | Make:          | Dodge Durango              | Who has an interest in th                                                      | e property? Check one      | Do not deduct secured clai<br>the amount of any secured |                       |
|                | Model:         |                            | ■ Debtor 1 only                                                                |                            | Creditors Who Have Claim                                |                       |
|                | Year:          | 2003                       | ☐ Debtor 2 only                                                                |                            | Current value of the                                    | Current value of the  |
|                | Approximate    | e mileage: 77              | Debtor 1 and Debtor 2                                                          | only                       | entire property?                                        | portion you own?      |
|                | Other inform   | nation:                    | At least one of the debt                                                       | ors and another            |                                                         |                       |
|                | Good Co        | ndition                    |                                                                                |                            | \$2,400,00                                              | \$2,400,00            |
|                |                |                            | (see instructions)                                                             | unity property             | \$2,400.00                                              | \$2,400.00            |
|                |                |                            | (See Instructions)                                                             |                            |                                                         |                       |
|                |                |                            |                                                                                |                            |                                                         |                       |
|                |                |                            | TVs and other recreational vehi                                                |                            |                                                         |                       |
| Exa            | mples: Boat    | ts, trailers, motors, pers | onal watercraft, fishing vessels, sr                                           | iowmobiles, motorcycle a   | ccessories                                              |                       |
|                | No             |                            |                                                                                |                            |                                                         |                       |
|                |                |                            |                                                                                |                            |                                                         |                       |
|                | res            |                            |                                                                                |                            |                                                         |                       |
|                |                |                            |                                                                                |                            |                                                         |                       |
|                |                |                            |                                                                                |                            |                                                         |                       |
|                |                |                            | you own for all of your entries fr<br>. Write that number here                 |                            |                                                         | \$2,400.00            |
| .ра            | ges you na     | ive attached for 1 art 2   | . Write that humber here                                                       |                            |                                                         | <u> </u>              |
| Dort 2         | Deceribe       | Vour Parsanal and House    | ahald Itama                                                                    |                            |                                                         |                       |
|                |                | Your Personal and Hous     | enoid items able interest in any of the follow                                 | vina items?                | C                                                       | urrent value of the   |
| Do ye          | Ja OWII OI I   | iave any legal of equil    | able interest in any of the follow                                             | mig items:                 |                                                         | ortion you own?       |
|                |                |                            |                                                                                |                            | Do                                                      | o not deduct secured  |
| 6 Ha           | usahald aa     | ods and furnishings        |                                                                                |                            | cla                                                     | aims or exemptions.   |
|                |                |                            | , linens, china, kitchenware                                                   |                            |                                                         |                       |

Official Form 106A/B Schedule A/B: Property

□ No

|                                      | Case 18-20/30                                                                    | D DOC 1             | Document                | Page 11 of 45             | 4/18 17:34:01           | Desc Main                                                   |
|--------------------------------------|----------------------------------------------------------------------------------|---------------------|-------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Debtor 1                             | Reuben Carr, Sr.                                                                 |                     | Document                |                           | Case number (if known   | )                                                           |
| ■ Yes.                               | Describe                                                                         |                     |                         |                           |                         |                                                             |
|                                      | Sofa                                                                             | chair 2 tables l    | lamps, bed, dress       | er, kitchen table and     | d chairs                | \$375.00                                                    |
| □ No                                 |                                                                                  |                     |                         | pment; computers, print   | ters, scanners; music   | collections; electronic devices                             |
|                                      | TV ar                                                                            | nd clock radio      |                         |                           |                         | \$125.00                                                    |
| Examp                                | bles of value<br>les: Antiques and figurine<br>other collections, me<br>Describe |                     |                         | oks, pictures, or other a | ırt objects; stamp, coi | n, or baseball card collections;                            |
| Example No                           | ent for sports and hobb<br>les: Sports, photographic,<br>musical instruments     |                     | ner hobby equipment;    | bicycles, pool tables, g  | olf clubs, skis; canoes | s and kayaks; carpentry tools;                              |
| ■ No                                 | ms oles: Pistols, rifles, shotgo Describe                                        | uns, ammunition, a  | and related equipmer    | nt                        |                         |                                                             |
| □ No                                 | oles: Everyday clothes, fu                                                       | ırs, leather coats, | designer wear, shoes    | s, accessories            |                         |                                                             |
|                                      | Norm                                                                             | nal household o     | clothing                |                           |                         | \$0.00                                                      |
| ■ No □ Yes.  13. <b>Non-fa</b> Examp | Describe  Describe  Describe  Describe                                           |                     | ngagement rings, wed    | lding rings, heirloom jev | velry, watches, gems,   | gold, silver                                                |
| ■ No                                 | ther personal and house                                                          | -                   | did not already list, i | including any health a    | ids you did not list    |                                                             |
|                                      | the dollar value of all of<br>art 3. Write that number                           |                     |                         |                           | ou have attached        | \$500.00                                                    |
|                                      | scribe Your Financial Asse                                                       |                     |                         |                           |                         |                                                             |
| Do you ov                            | vn or have any legal or                                                          | equitable interes   | t in any of the follow  | ving?                     |                         | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

| De  | btor 1                    | Reuben Ca                            | arr. Sr.                             | Doc                                                                                                       | ument            | Page 12             | of 45<br>Case number (if known)                           |                             |
|-----|---------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------|---------------------|-----------------------------------------------------------|-----------------------------|
|     | □ No                      | oles: Money yo                       | u have in y                          | our wallet, in your home,                                                                                 |                  |                     | on hand when you file your petition                       | ו                           |
|     | ■ Yes                     |                                      |                                      |                                                                                                           |                  |                     | Cash                                                      | \$48.00                     |
| 17. |                           |                                      |                                      | r other financial accounts<br>ve multiple accounts with                                                   |                  |                     | res in credit unions, brokerage ho                        | ouses, and other similar    |
|     | □ No<br>■ Yes             |                                      |                                      |                                                                                                           | Institution      | name:               |                                                           |                             |
|     |                           |                                      | 17.1.                                | Checking Account<br>No 154500066761                                                                       | U.S. Ban         | ık                  |                                                           | \$252.00                    |
|     |                           |                                      |                                      | cly traded stocks<br>ent accounts with brokera                                                            | age firms, mo    | ney market acc      | counts                                                    |                             |
|     | ☐ Yes                     |                                      |                                      | Institution or issuer nam                                                                                 | e:               |                     |                                                           |                             |
|     | joint vo<br>■ No          | enture                               |                                      |                                                                                                           | ed and uning     | corporated bus      | sinesses, including an interest                           | in an LLC, partnership, and |
|     | ⊔ Yes.                    | Give specific i                      |                                      | about them<br>me of entity:                                                                               |                  |                     | % of ownership:                                           |                             |
|     | Negotia<br>Non-na<br>■ No | able instrumer                       | nts include<br>nts are<br>nformation | nds and other negotiab<br>personal checks, cashien<br>those you cannot transfe<br>about them<br>uer name: | s' checks, pro   | omissory notes,     | , and money orders.                                       |                             |
|     |                           | nent or pension<br>bles: Interests i |                                      |                                                                                                           | o), thrift savin | gs accounts, or     | r other pension or profit-sharing p                       | lans                        |
|     | _                         | List each acco                       |                                      | tely.<br>of account:                                                                                      | Institution      | name:               |                                                           |                             |
|     | Your sl                   |                                      | sed deposi                           | ts you have made so tha                                                                                   |                  |                     | or use from a company<br>er), telecommunications companio | es, or others               |
|     |                           |                                      |                                      |                                                                                                           | Institution      | name or individ     | dual:                                                     |                             |
|     | Annuiti ■ No              | ies (A contract                      | for a perio                          | dic payment of money to                                                                                   | you, either fo   | or life or for a nu | umber of years)                                           |                             |
|     | ☐ Yes                     |                                      | Issuer nan                           | ne and description.                                                                                       |                  |                     |                                                           |                             |
|     |                           |                                      |                                      | n an account in a qualif<br>and 529(b)(1).                                                                | ied ABLE pr      | ogram, or und       | der a qualified state tuition prog                        | ıram.                       |
|     | □ Yes                     |                                      | Institution                          | name and description. Se                                                                                  | eparately file   | the records of a    | any interests.11 U.S.C. § 521(c):                         |                             |
|     | `                         | equitable or                         | future inte                          | rests in property (other                                                                                  | than anythi      | ng listed in lin    | e 1), and rights or powers exer                           | cisable for your benefit    |
|     | ■ No<br>□ Yes.            | Give specific i                      | nformation                           | about them                                                                                                |                  |                     |                                                           |                             |
|     | Ехатр                     |                                      |                                      | es, trade secrets, and ones, websites, proceeds fi                                                        |                  |                     | agreements                                                |                             |
|     | ■ No<br>□ Yes.            | Give specific i                      | nformation                           | about them                                                                                                |                  |                     |                                                           |                             |

|     |                 | Case 18-20730                                                                                                | Doc 1          | Filed 07/24/18<br>Document | Entered 07/24/18 17:34:01<br>Page 13 of 45                   | Desc Main                                                     |
|-----|-----------------|--------------------------------------------------------------------------------------------------------------|----------------|----------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| De  | ebtor 1         | Reuben Carr, Sr.                                                                                             |                | Document                   | Case number (if known)                                       |                                                               |
|     | Examp  ■ No     | es, franchises, and other des: Building permits, exclusions                                                  | sive licenses  |                            | n holdings, liquor licenses, professional licens             | es                                                            |
| M   | anev or r       | property owed to you?                                                                                        |                |                            |                                                              | Current value of the                                          |
| IVI | oney or p       | noperty owed to you!                                                                                         |                |                            |                                                              | portion you own?  Do not deduct secured claims or exemptions. |
|     | ■ No            | unds owed to you  Give specific information ab                                                               | oout them, inc | luding whether you alre    | ady filed the returns and the tax years                      |                                                               |
|     | ■ No            |                                                                                                              |                | usal support, child suppo  | ort, maintenance, divorce settlement, property               | settlement                                                    |
|     | Examp  ■ No     | mounts someone owes y<br>les: Unpaid wages, disabilit<br>benefits; unpaid loans<br>Give specific information | ty insurance ¡ |                            | efits, sick pay, vacation pay, workers' compe                | nsation, Social Security                                      |
|     | Examp  ■ No     | Name the insurance compa                                                                                     |                |                            | HSA); credit, homeowner's, or renter's insurar  Beneficiary: | nce<br>Surrender or refund                                    |
|     | If you a someon | erest in property that is dure the beneficiary of a living the has died.  Give specific information          |                |                            | ed<br>surance policy, or are currently entitled to rece      | value:<br>eive property because                               |
|     | Examp<br>■ No   | against third parties, who les: Accidents, employmen Describe each claim                                     |                |                            | it or made a demand for payment<br>s to sue                  |                                                               |
|     | ■ No            | ontingent and unliquidate  Describe each claim                                                               | ed claims of   | every nature, includin     | g counterclaims of the debtor and rights to                  | set off claims                                                |
|     | ■ No            | ancial assets you did not Give specific information                                                          | already list   |                            |                                                              |                                                               |
| 36  |                 |                                                                                                              |                |                            | ny entries for pages you have attached                       | \$300.00                                                      |
| Pa  | rt 5: Des       | scribe Any Business-Related                                                                                  | Property You   | Own or Have an Interest    | In. List any real estate in Part 1.                          |                                                               |
| I   | No. Go          | wn or have any legal or equito Part 6. o to line 38.                                                         | table interest | in any business-related p  | roperty?                                                     |                                                               |

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Case number (if known) Document Debtor 1 Reuben Carr, Sr. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$0.00 Part 2: Total vehicles, line 5 \$2,400.00 57. Part 3: Total personal and household items, line 15 \$500.00 Part 4: Total financial assets, line 36 \$300.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$3,200.00

Copy personal property total

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Desc Main

Official Form 106A/B Schedule A/B: Property page 5

Case 18-20730

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

Doc 1

Filed 07/24/18

\$3,200.00

\$3,200.00

|                     |                          | 1700.111110       | III FAUE 13 UI 4 | . ) |
|---------------------|--------------------------|-------------------|------------------|-----|
| Fill in this infor  | rmation to identify your | case:             |                  |     |
| Debtor 1            | Reuben Carr, Sr.         |                   |                  |     |
|                     | First Name               | Middle Name       | Last Name        |     |
| Debtor 2            |                          |                   |                  |     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |     |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |     |
| Case number         |                          |                   |                  |     |
| (if known)          |                          |                   |                  |     |
|                     |                          |                   |                  |     |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the<br>portion you own | Amo                          | ount of the exemption you claim                                 | Specific laws that allow exemption                                                                                                                                           |  |
|-----------------------------------------|------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Copy the value from<br>Schedule A/B     | Che                          | ck only one box for each exemption.                             |                                                                                                                                                                              |  |
| \$2,400.00                              | •                            | \$2,400.00                                                      | 735 ILCS 5/12-1001(c)                                                                                                                                                        |  |
|                                         |                              | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                              |  |
| \$375.00                                |                              | \$375.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                        |  |
|                                         |                              | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                              |  |
| \$125.00                                |                              | \$125.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                        |  |
|                                         |                              | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                              |  |
| \$48.00                                 |                              | \$48.00                                                         | 735 ILCS 5/12-1001(b)                                                                                                                                                        |  |
|                                         |                              | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                              |  |
| \$252.00                                |                              | \$252.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                        |  |
|                                         |                              | 100% of fair market value, up to                                |                                                                                                                                                                              |  |
|                                         | \$2,400.00 \$375.00 \$125.00 | \$252.00                                                        | \$2,400.00  \$2,400.00  \$2,400.00  \$2,400.00  \$375.00  \$375.00  \$100% of fair market value, up to any applicable statutory limit  \$125.00  \$48.00  \$252.00  \$252.00 |  |

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Debtor 1 Reuben Carr, Sr.

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

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| Fill in this inform                     |                  |                   |             |  |                     |
|-----------------------------------------|------------------|-------------------|-------------|--|---------------------|
| Debtor 1                                | Reuben Carr, Sr. |                   |             |  |                     |
|                                         | First Name       | Middle Name       | Last Name   |  |                     |
| Debtor 2                                |                  |                   |             |  |                     |
| (Spouse if, filing)                     | First Name       | Middle Name       | Last Name   |  |                     |
| United States Bankruptcy Court for the: |                  | NORTHERN DISTRICT | OF ILLINOIS |  |                     |
| Case number                             |                  |                   |             |  |                     |
| (if known)                              |                  |                   |             |  | Check if this is an |
|                                         |                  |                   |             |  | amended filing      |

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                                      | 200 10 20100 - 1                                                | Document                                                                                                  | Page 1               | 8 of 45                   |                             | oo wan                    |
|--------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------|---------------------------|-----------------------------|---------------------------|
| Fill in this infor                   | mation to identify your                                         | case:                                                                                                     |                      |                           |                             |                           |
| Debtor 1                             | Reuben Carr, Sr.                                                |                                                                                                           |                      |                           |                             |                           |
|                                      | First Name                                                      | Middle Name                                                                                               | Last Name            |                           |                             |                           |
| Debtor 2<br>(Spouse if, filing)      | First Name                                                      | Middle Name                                                                                               | Last Name            |                           |                             |                           |
|                                      |                                                                 |                                                                                                           |                      |                           |                             |                           |
| United States Ba                     | ankruptcy Court for the:                                        | NORTHERN DISTRICT OF                                                                                      | LLINOIS              |                           |                             |                           |
| Case number                          |                                                                 |                                                                                                           |                      |                           |                             |                           |
| (if known)                           |                                                                 |                                                                                                           |                      |                           | -                           | Check if this is an       |
|                                      |                                                                 |                                                                                                           |                      |                           | a                           | mended filing             |
| Official Forr                        | m 106E/F                                                        |                                                                                                           |                      |                           |                             |                           |
| Schedule E                           | F/F: Creditors W                                                | ho Have Unsecure                                                                                          | ed Claims            |                           |                             | 12/15                     |
| left. Attach the Conname and case nu | ntinuation Page to this pag                                     | ured by Property. If more space<br>e. If you have no information to<br>secured Claims                     |                      |                           |                             |                           |
| 1. Do any credit                     | ors have priority unsecure                                      | d claims against you?                                                                                     |                      |                           |                             |                           |
| ■ No. Go to I                        | Part 2.                                                         |                                                                                                           |                      |                           |                             |                           |
| ☐ Yes.                               |                                                                 |                                                                                                           |                      |                           |                             |                           |
| Part 2: List A                       | All of Your NONPRIORIT                                          | Y Unsecured Claims                                                                                        |                      |                           |                             |                           |
| ☐ No. You ha                         | ors have nonpriority unsectors have nothing to report in this p | art. Submit this form to the court                                                                        | with your other sch  | edules.                   |                             |                           |
| Yes.                                 |                                                                 |                                                                                                           |                      |                           |                             |                           |
| unsecured cla                        | im, list the creditor separately                                | aims in the alphabetical order of the reach claim. For each claim I st the other creditors in Part 3.If y | isted, identify what | type of claim it is. Do r | not list claims already ind | cluded in Part 1. If more |
|                                      |                                                                 |                                                                                                           |                      |                           |                             | Total claim               |
|                                      | Of America                                                      | Last 4 digits of                                                                                          | account number       | 3613                      |                             | Unknown                   |
| •                                    | ty Creditor's Name                                              |                                                                                                           |                      | Opened 05/07              | Last Activo                 |                           |
|                                      | ( 26012                                                         | When was the                                                                                              | debt incurred?       | 6/06/12                   | Last Active                 |                           |
|                                      | sboro, NC 27410                                                 |                                                                                                           |                      |                           |                             | -                         |
|                                      | Street City State Zlp Code<br>urred the debt? Check one.        | As of the date y                                                                                          | ou file, the claim   | is: Check all that appl   | у                           |                           |
| ■ Debto                              |                                                                 | ☐ Contingent                                                                                              |                      |                           |                             |                           |
| ☐ Debto                              | •                                                               | ☐ Unliquidated                                                                                            |                      |                           |                             |                           |
|                                      | or 1 and Debtor 2 only                                          | ☐ Disputed                                                                                                |                      |                           |                             |                           |
|                                      | st one of the debtors and and                                   | •                                                                                                         | RIORITY unsecure     | d claim:                  |                             |                           |
|                                      | k if this claim is for a com                                    |                                                                                                           |                      |                           |                             |                           |
| debt                                 | nim subject to offset?                                          |                                                                                                           |                      | aration agreement or o    | livorce that you did not    |                           |
| ■ No                                 |                                                                 | ☐ Debts to per                                                                                            | sion or profit-shari | ng plans, and other sin   | nilar debts                 |                           |
| ☐ Yes                                |                                                                 | Other. Speci                                                                                              | Real Estate          | e Mortgage                |                             | _                         |
|                                      |                                                                 |                                                                                                           |                      |                           |                             | _                         |

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Debtor 1 Reuben Carr, Sr. Case number (if know) 4.2 \$2,904.00 Capital One / Menard Last 4 digits of account number 3218 Nonpriority Creditor's Name Attn: General Opened 07/96 Last Active Correspondence/Bankruptcy When was the debt incurred? 11/03/17 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 **Chase Card Services** Last 4 digits of account number 0766 \$7,665.00 Nonpriority Creditor's Name Opened 11/87 Last Active **Attn: Correspondence** Po Box 15278 When was the debt incurred? 11/05/17 Wilmington, DE 19850 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.4 **Chase Card Services** \$1,057.00 Last 4 digits of account number 7475 Nonpriority Creditor's Name Opened 11/04 Last Active Attn: Correspondence Po Box 15278 When was the debt incurred? 11/05/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes ■ Other. Specify Credit Card

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Case number (if know)

Debtor 1 Reuben Carr, Sr. 4.5 \$14,153.00 Citibank / Sears Last 4 digits of account number 4294 Nonpriority Creditor's Name Citicorp Credit Services/Attn: Opened 08/75 Last Active Centraliz When was the debt incurred? 11/03/17 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.6 Citibank/The Home Depot Last 4 digits of account number 2077 \$11,948.00 Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Opened 06/97 Last Active **Bankruptcy** When was the debt incurred? 11/03/17 Po Box 790040 St Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Charge Account Other. Specify 4.7 Citicards Cbna Last 4 digits of account number 5245 \$16,694.00 Nonpriority Creditor's Name Opened 03/78 Last Active Citicorp Credit Svc/Centralized **Bankrupt** When was the debt incurred? 11/03/17 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community deht ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes

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| Debtor            | 1 Reuben (                                        | Carr, Sr.                                              |                                                            | Case num           | nber (if kn | iow)                     |                         |
|-------------------|---------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|--------------------|-------------|--------------------------|-------------------------|
| 4.8               | Ocwen Loa<br>Nonpriority Cre                      | an Servicing, LIc                                      | Last 4 digits of account number                            | 2655               |             | -                        | \$101,750.00            |
|                   | Attn: Research                                    | arch/Bankruptcy<br>nington Rd Ste 100<br>Bch, FL 33409 | When was the debt incurred?                                | Opened<br>12/12/12 |             | Last Active              |                         |
|                   | Number Street                                     | City State Zlp Code the debt? Check one.               | As of the date you file, the claim                         | is: Check all      | that appl   | у                        |                         |
|                   | ■ Debtor 1 or                                     | ıly                                                    | ☐ Contingent                                               |                    |             |                          |                         |
|                   | Debtor 2 or                                       | ıly                                                    | ☐ Unliquidated                                             |                    |             |                          |                         |
|                   | Debtor 1 ar                                       | nd Debtor 2 only                                       | ☐ Disputed                                                 |                    |             |                          |                         |
|                   | ☐ At least one                                    | e of the debtors and another                           | Type of NONPRIORITY unsecured                              | d claim:           |             |                          |                         |
|                   |                                                   | is claim is for a community                            | ☐ Student loans                                            |                    |             |                          |                         |
|                   | debt                                              | ubject to offset?                                      | Obligations arising out of a separeport as priority claims | aration agree      | ment or o   | divorce that you did not |                         |
|                   | ■ No                                              | •                                                      | ☐ Debts to pension or profit-sharin                        | ng plans, and      | l other sin | nilar debts              |                         |
|                   | ☐ Yes                                             |                                                        | Other. Specify Real Estate                                 |                    |             |                          |                         |
| 4.9               | US Bank/R                                         |                                                        | Last 4 digits of account number                            | 8984               |             | -                        | \$3,058.00              |
|                   | Card Memb<br>Po Box 108                           | per Services<br>B                                      | When was the debt incurred?                                | Opened<br>11/06/1  |             | Last Active              |                         |
|                   | St Louis, N                                       | City State Zlp Code                                    | As of the date you file, the claim                         | is: Check all      | that appl   | v                        |                         |
|                   |                                                   | the debt? Check one.                                   | no or the date you me, the claim                           | io. Onook an       | шасаррі     | ,                        |                         |
|                   | ■ Debtor 1 or                                     | ılv                                                    | ☐ Contingent                                               |                    |             |                          |                         |
|                   | Debtor 2 or                                       | •                                                      | ☐ Unliquidated                                             |                    |             |                          |                         |
|                   |                                                   | nd Debtor 2 only                                       | ☐ Disputed                                                 |                    |             |                          |                         |
|                   |                                                   | e of the debtors and another                           | Type of NONPRIORITY unsecure                               | d claim:           |             |                          |                         |
|                   |                                                   | is claim is for a community                            | ☐ Student loans                                            |                    |             |                          |                         |
|                   | debt                                              | is claim is for a community                            | ☐ Obligations arising out of a sepa                        | aration agree      | ment or c   | divorce that you did not |                         |
|                   | Is the claim su                                   | ubject to offset?                                      | report as priority claims                                  |                    |             |                          |                         |
|                   | ■ No                                              |                                                        | Debts to pension or profit-sharing                         | ng plans, and      | l other sin | nilar debts              |                         |
|                   | ☐ Yes                                             |                                                        | Other. Specify Credit Card                                 | k                  |             |                          |                         |
| Part 3:           | List Other                                        | s to Be Notified About a Deb                           | That You Already Listed                                    |                    |             |                          |                         |
| is tryi<br>have i | ng to collect from more than one ed for any debts | om you for a debt you owe to son                       |                                                            | Parts 1 or 2       | 2, then lis | st the collection agency | here. Similarly, if you |
|                   |                                                   |                                                        | ns. This information is for statistical r                  | eporting pu        | rposes o    | nly. 28 U.S.C. §159. Add | the amounts for each    |
| type o            | of unsecured cl                                   | aım.                                                   |                                                            |                    |             |                          |                         |
|                   | Co                                                | Domostic compart chlimaticus                           |                                                            | 60                 | Φ.          | Total Claim              |                         |
|                   | Total                                             | Domestic support obligations                           |                                                            | 6a.                | \$          | 0.00                     |                         |
| cl<br>from P      | aims<br>Part 1 6b.                                | Taxes and certain other debts                          | you awa the government                                     | 6b.                | <b>c</b>    | 0.00                     |                         |
| 1101111           | 6c.                                               |                                                        | ijury while you were intoxicated                           | 6c.                | \$          | 0.00                     |                         |
|                   | 6d.                                               | •                                                      | cured claims. Write that amount here.                      | 6d.                | \$          | 0.00                     |                         |
|                   | 6e.                                               | Total Priority. Add lines 6a throu                     | ıgh 6d.                                                    | 6e.                | \$          | 0.00                     |                         |
|                   |                                                   |                                                        |                                                            | _                  |             | Table 1 Ole 1 or         |                         |
|                   | 6f.                                               | Student loans                                          |                                                            | 6f.                | \$          | Total Claim 0.00         |                         |
|                   | Total                                             |                                                        |                                                            |                    | -           | 0.00                     |                         |
| cl<br>from P      | aims<br>Part 2 6g.                                | Obligations arising out of a sec                       | paration agreement or divorce that                         |                    |             | _                        |                         |
| • 1               |                                                   | you did not report as priority c                       | laims                                                      | ŭ                  | \$          | 0.00                     |                         |
|                   | 6h.                                               | Debts to pension or profit-shar                        | ing plans, and other similar debts                         | 6h.                | \$          |                          |                         |

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> 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 159,229.00 Total Nonpriority. Add lines 6f through 6i. 6j. 159,229.00

Official Form 106 E/F

|                     |                          | 17(7,1111)        |             | t. ) |
|---------------------|--------------------------|-------------------|-------------|------|
| Fill in this infor  | rmation to identify your | case:             |             |      |
| Debtor 1            | Reuben Carr, Sr.         |                   |             |      |
|                     | First Name               | Middle Name       | Last Name   |      |
| Debtor 2            |                          |                   |             |      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |      |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |      |
| Case number         |                          |                   |             |      |
| (if known)          |                          |                   |             |      |
|                     |                          |                   |             |      |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|-----------------------------------------|
| 2.1 |           |              |                       |                   |                                         |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | <del>_</del>                            |
| 2.2 |           |              |                       |                   |                                         |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          |                                         |
| 2.3 |           |              |                       |                   |                                         |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          |                                         |
| 2.4 |           |              |                       |                   |                                         |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          |                                         |
| 2.5 |           |              |                       |                   |                                         |
|     | Name      |              |                       |                   |                                         |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | <del>-</del>                            |
|     |           |              |                       |                   |                                         |

|                                    |                                                                 | Docume                                                                                                                | <u>nt Page 24 (</u>                                                                             | of 45                                                                          |                                                                                                          |
|------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Fill in thi                        | s information to identify your                                  | case:                                                                                                                 |                                                                                                 |                                                                                |                                                                                                          |
| Debtor 1                           | Reuben Carr, Sr.                                                |                                                                                                                       |                                                                                                 |                                                                                |                                                                                                          |
| Debior 1                           | First Name                                                      | Middle Name                                                                                                           | Last Name                                                                                       |                                                                                |                                                                                                          |
| Debtor 2                           |                                                                 |                                                                                                                       |                                                                                                 |                                                                                |                                                                                                          |
| (Spouse if, f                      | iling) First Name                                               | Middle Name                                                                                                           | Last Name                                                                                       |                                                                                |                                                                                                          |
| United St                          | ates Bankruptcy Court for the:                                  | NORTHERN DISTRICT                                                                                                     | OF ILLINOIS                                                                                     |                                                                                |                                                                                                          |
|                                    | ., .,                                                           |                                                                                                                       |                                                                                                 |                                                                                |                                                                                                          |
| Case nur                           | mber                                                            |                                                                                                                       |                                                                                                 |                                                                                | <b>—</b> 0                                                                                               |
| (II KIIOWII)                       |                                                                 |                                                                                                                       |                                                                                                 |                                                                                | Check if this is an amended filing                                                                       |
|                                    |                                                                 |                                                                                                                       |                                                                                                 |                                                                                | amended ming                                                                                             |
| Officia                            | al Form 106H                                                    |                                                                                                                       |                                                                                                 |                                                                                |                                                                                                          |
|                                    | dule H: Your Cod                                                | lahtare                                                                                                               |                                                                                                 |                                                                                | 42/45                                                                                                    |
| Scrie                              | dule II. Toul Cou                                               | ienioi 2                                                                                                              |                                                                                                 |                                                                                | 12/15                                                                                                    |
| ill it out,<br>our nam             |                                                                 | boxes on the left. Attach<br>). Answer every question                                                                 | the Additional Page                                                                             | to this page. On the top o                                                     | ded, copy the Additional Page,<br>f any Additional Pages, write                                          |
| 1. DC                              | you have any codebiors: (II                                     | you are ming a joint case, t                                                                                          | do flot list either spouse                                                                      | e as a codebior.                                                               |                                                                                                          |
| ■ No<br>□ Ye                       |                                                                 |                                                                                                                       |                                                                                                 |                                                                                |                                                                                                          |
| Arizo  No Ye  3. In Co in lin Form | e 2 again as a codebtor only                                    | n, Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran | erto Rico, Texas, Wash<br>with you at the time?<br>spouse as a codebto<br>tor or cosigner. Make | nington, and Wisconsin.)  r if your spouse is filing value you have listed the | vith you. List the person shown<br>creditor on Schedule D (Official<br>hedule E/F, or Schedule G to fill |
|                                    | Column 1: Your codebtor Name, Number, Street, City, State and 2 | 'IP Code                                                                                                              |                                                                                                 |                                                                                | tor to whom you owe the debt                                                                             |
|                                    | , Hambor, Groot, Ony, Glate and 2                               | 5546                                                                                                                  |                                                                                                 | Check all schedules t                                                          | ιιαι αμμιγ.                                                                                              |
| 3.1                                |                                                                 |                                                                                                                       |                                                                                                 | ☐ Schedule D, line                                                             |                                                                                                          |
|                                    | Name                                                            |                                                                                                                       |                                                                                                 | □ Schedule E/F, line                                                           |                                                                                                          |
|                                    |                                                                 |                                                                                                                       |                                                                                                 | ☐ Schedule G, line                                                             |                                                                                                          |
|                                    | Number Street                                                   |                                                                                                                       |                                                                                                 | <u> </u>                                                                       |                                                                                                          |
|                                    | City                                                            | State                                                                                                                 | ZIP Code                                                                                        |                                                                                |                                                                                                          |
|                                    |                                                                 |                                                                                                                       |                                                                                                 |                                                                                |                                                                                                          |
| 3.2                                |                                                                 |                                                                                                                       |                                                                                                 | ☐ Schedule D, line                                                             |                                                                                                          |
|                                    | Name                                                            |                                                                                                                       |                                                                                                 | ☐ Schedule E/F, line                                                           | ·                                                                                                        |
|                                    |                                                                 |                                                                                                                       |                                                                                                 | ☐ Schedule G, line                                                             |                                                                                                          |
|                                    | Number Street                                                   |                                                                                                                       |                                                                                                 | _                                                                              |                                                                                                          |
|                                    | City                                                            | State                                                                                                                 | ZIP Code                                                                                        |                                                                                |                                                                                                          |

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|                          | in this information to                                                                 |                                                                       |                                                                                                                  |                                              |                        |                 |                            |                      |                          |                              |                 |
|--------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------|-----------------|----------------------------|----------------------|--------------------------|------------------------------|-----------------|
| De                       | btor 1                                                                                 | Reuben Cari                                                           | r, Sr.                                                                                                           |                                              |                        | _               |                            |                      |                          |                              |                 |
|                          | btor 2<br>ouse, if filing)                                                             |                                                                       |                                                                                                                  |                                              |                        | _               |                            |                      |                          |                              |                 |
| Un                       | ited States Bankrupt                                                                   | cy Court for the                                                      | : NORTHERN DISTRIC                                                                                               | CT OF ILLINOIS                               |                        |                 |                            |                      |                          |                              |                 |
|                          | se number<br>                                                                          |                                                                       |                                                                                                                  |                                              |                        |                 |                            | amende<br>uppleme    | nt showing               | g postpetition               |                 |
| 0                        | fficial Form                                                                           | 106I                                                                  |                                                                                                                  |                                              |                        |                 | MM                         | / DD/ Y              | YYY                      |                              |                 |
| S                        | chedule I: `                                                                           | Your Inc                                                              | ome                                                                                                              |                                              |                        |                 | IVIIVI                     | , 00, 1              |                          |                              | 12/1            |
| sup<br>spo<br>atta<br>Pa | oplying correct info<br>buse. If you are sep-<br>ach a separate shee<br>rt 1: Describe | rmation. If you<br>arated and you<br>et to this form. (<br>Employment | sible. If two married peo<br>are married and not filli<br>r spouse is not filling wi<br>On the top of any additi | ng jointly, and your<br>th you, do not inclu | spouse i<br>ide infori | is liv<br>matic | ing with yo<br>on about yo | ou, inclu<br>our spo | ide inform<br>use. If mo | nation about<br>ore space is | your<br>needed, |
| 1.                       | Fill in your emplo<br>information.                                                     | oyment                                                                |                                                                                                                  | Debtor 1                                     |                        |                 | D                          | ebtor 2              | or non-fil               | ing spouse                   |                 |
|                          | If you have more t                                                                     |                                                                       | Employment status                                                                                                | ■ Employed                                   |                        |                 |                            | ☐ Emplo              | yed                      |                              |                 |
|                          | attach a separate information about employers.                                         |                                                                       | □ Not employed                                                                                                   |                                              |                        |                 | ☐ Not employed             |                      |                          |                              |                 |
|                          |                                                                                        |                                                                       | Occupation                                                                                                       | Retired                                      |                        |                 |                            |                      |                          |                              |                 |
|                          | Include part-time,<br>self-employed wor                                                |                                                                       | Employer's name                                                                                                  |                                              |                        |                 |                            |                      |                          |                              |                 |
|                          | Occupation may ir or homemaker, if i                                                   |                                                                       | Employer's address                                                                                               |                                              |                        |                 |                            |                      |                          |                              |                 |
|                          |                                                                                        |                                                                       | How long employed the                                                                                            | here?                                        |                        |                 |                            | _                    |                          |                              |                 |
| Pa                       | rt 2: Give Det                                                                         | ails About Mon                                                        | thly Income                                                                                                      |                                              |                        |                 |                            |                      |                          |                              |                 |
| spo<br>If yo             | use unless you are s                                                                   | separated.<br>spouse have mo                                          | ore than one employer, cothis form.                                                                              | , c                                          | ·                      |                 |                            |                      | •                        | ·                            | J               |
|                          |                                                                                        |                                                                       |                                                                                                                  |                                              |                        |                 | For Debto                  | or 1                 |                          | otor 2 or<br>ng spouse       |                 |
| 2.                       |                                                                                        |                                                                       | ry, and commissions (be<br>calculate what the monthl                                                             |                                              | 2.                     | \$              |                            | 0.00                 | \$                       | N/A                          | -               |
| 3.                       | Estimate and list                                                                      | monthly overti                                                        | ime pay.                                                                                                         |                                              | 3.                     | +\$             |                            | 0.00                 | +\$                      | N/A                          |                 |
| 4.                       | Calculate gross I                                                                      | ncome. Add lin                                                        | ne 2 + line 3.                                                                                                   |                                              | 4.                     | \$              | 0.                         | .00                  | \$                       | N/A                          |                 |

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| Deb | tor 1         | Reuben Carr, Sr.                                                                                                                                                                                                                                                                                     | -        |           | Case        | number (if kno                          | vn) |           |                    |                |                  |
|-----|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|-------------|-----------------------------------------|-----|-----------|--------------------|----------------|------------------|
|     |               |                                                                                                                                                                                                                                                                                                      |          |           |             | Debtor 1                                |     | non-      | Debtor<br>filing s | pouse          |                  |
|     | Cop           | y line 4 here                                                                                                                                                                                                                                                                                        | 4.       |           | \$_         | 0.0                                     | 00  | \$        |                    | N/A            | _                |
| 5.  | List          | all payroll deductions:                                                                                                                                                                                                                                                                              |          |           |             |                                         |     |           |                    |                |                  |
|     | 5a.           | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                        | 58       | а.        | \$_         | 0.0                                     |     | \$        |                    | N/A            | _                |
|     | 5b.           | Mandatory contributions for retirement plans                                                                                                                                                                                                                                                         | 5t       |           | \$_         | 0.0                                     |     | \$        |                    | N/A            | _                |
|     | 5c.           | Voluntary contributions for retirement plans                                                                                                                                                                                                                                                         | 50       |           | \$_         | 0.0                                     | _   | \$        |                    | N/A            | _                |
|     | 5d.           | Required repayments of retirement fund loans                                                                                                                                                                                                                                                         | 50       |           | \$_         |                                         | 00  | \$        |                    | N/A            | _                |
|     | 5e.           | Insurance                                                                                                                                                                                                                                                                                            | 5e       |           | \$_         |                                         | 00  | \$        |                    | N/A            | _                |
|     | 5f.           | Domestic support obligations                                                                                                                                                                                                                                                                         | 5f       |           | \$_<br>\$   | 0.0                                     |     | \$        |                    | N/A            | _                |
|     | 5g.<br>5h.    | Union dues Other deductions. Specify:                                                                                                                                                                                                                                                                | 5g       | յ.<br>Դ.+ | \$<br>_     | 0.0                                     |     | э<br>+ \$ |                    | N/A<br>N/A     | _                |
| _   |               |                                                                                                                                                                                                                                                                                                      | _        |           |             |                                         |     | · ·       |                    |                | _                |
| 6.  |               | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                         | 6.       |           | \$ _        | 0.0                                     |     | \$        |                    | N/A            | _                |
| 7.  | Cal           | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                     | 7.       |           | \$ _        | 0.0                                     | 00  | \$        |                    | N/A            | _                |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                      | 88       | a.        | \$          | 0.                                      | 00  | \$        |                    | N/A            |                  |
|     | 8b.           | Interest and dividends                                                                                                                                                                                                                                                                               | 8k       |           | \$          |                                         | 00  | \$        |                    | N/A            | _                |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                   | 80       | <b>5.</b> | \$          | 0.0                                     |     | \$        |                    | N/A            | _                |
|     | 8d.           | Unemployment compensation                                                                                                                                                                                                                                                                            | 80       | d.        | \$          | 0.0                                     | 00  | \$        |                    | N/A            | _                |
|     | 8e.           | Social Security                                                                                                                                                                                                                                                                                      | 86       | €.        | \$          | 1,543.0                                 | 00  | \$        |                    | N/A            | _                |
|     | 8f.<br>8g.    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f<br>8g |           | <b>\$</b> _ | 0.·<br>504.·                            |     | \$        |                    | N/A<br>N/A     | _                |
|     | 8h.           | Other monthly income. Specify:                                                                                                                                                                                                                                                                       |          | า.+       | \$          |                                         |     | + \$      |                    | N/A            | _                |
| 0   | ۸۵۰           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                | _<br>9.  | Γ         | \$          | 2.047                                   | 20  | \$        |                    | NI/            | _                |
| 9.  | Auc           | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                               | Э.       | L         | Ψ <u> </u>  | 2,047.                                  | 00  | Φ         |                    | N/A            | <u> </u>         |
| 10. | Cal           | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                                          | 10.      | \$        |             | 2,047.00 +                              | . s |           | N/A                | = \$           | 2,047.00         |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                               |          | · -       |             | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -   |           |                    | -              |                  |
| 11. | Incli<br>othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:                            | dep      |           |             |                                         |     |           | chedule<br>11.     |                | 0.00             |
| 12. |               | I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certailies                                                                                                                                         |          |           |             |                                         |     |           | 12.                | \$             | 2,047.00         |
| 13. | Do :          | you expect an increase or decrease within the year after you file this form'                                                                                                                                                                                                                         | ?        |           |             |                                         |     |           |                    | Combi<br>month | ned<br>ly income |
|     | _             | Voc Evolain:                                                                                                                                                                                                                                                                                         |          |           |             |                                         |     |           |                    |                |                  |

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| Fill       | in this information to identify your case:                                                                                                                               |                         | 1               |                   |                                               |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|-------------------|-----------------------------------------------|
|            | otor 1 Reuben Carr, Sr.                                                                                                                                                  |                         | Chec            | k if this is:     |                                               |
|            | ·                                                                                                                                                                        |                         |                 | An amended filing |                                               |
|            | ouse, if filing)                                                                                                                                                         |                         |                 |                   | ving postpetition chapter the following date: |
| ` '        | , 3,                                                                                                                                                                     | INOIC                   | _               |                   |                                               |
| Unit       | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILL                                                                                                            | INOIS                   |                 | MM / DD / YYYY    |                                               |
|            | e number<br>nown)                                                                                                                                                        |                         |                 |                   |                                               |
| Of         | fficial Form 106J                                                                                                                                                        |                         |                 |                   |                                               |
|            | chedule J: Your Expenses                                                                                                                                                 |                         |                 |                   | 12/1                                          |
| info       | as complete and accurate as possible. If two married people<br>ormation. If more space is needed, attach another sheet to thi<br>mber (if known). Answer every question. |                         |                 |                   |                                               |
| Par        |                                                                                                                                                                          |                         |                 |                   |                                               |
| 1.         | Is this a joint case?                                                                                                                                                    |                         |                 |                   |                                               |
|            | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?                                                                                                  |                         |                 |                   |                                               |
|            | ☐ No                                                                                                                                                                     |                         |                 |                   |                                               |
|            | ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expens</i>                                                                                                            | es for Separate House   | ehold of Debt   | or 2.             |                                               |
| 2.         | Do you have dependents? ■ No                                                                                                                                             |                         |                 |                   |                                               |
|            | Do not list Debtor 1 and Yes. Fill out this information for                                                                                                              | Dependent's relat       | ionship to      | Dependent's       | Does dependent                                |
|            | Debtor 2. each dependent                                                                                                                                                 | Debtor 1 or Debto       | r 2             | age               | live with you?                                |
|            | Do not state the                                                                                                                                                         |                         |                 |                   | □ No                                          |
|            | dependents names.                                                                                                                                                        |                         |                 | <u> </u>          | ☐ Yes                                         |
|            |                                                                                                                                                                          |                         |                 |                   | □ No<br>□ Yes                                 |
|            |                                                                                                                                                                          | -                       |                 |                   | □ No                                          |
|            |                                                                                                                                                                          |                         |                 |                   | ☐ Yes                                         |
|            |                                                                                                                                                                          |                         |                 |                   | □ No                                          |
|            |                                                                                                                                                                          |                         |                 |                   | ☐ Yes                                         |
| 3.         | Do your expenses include expenses of people other than                                                                                                                   |                         |                 |                   |                                               |
|            | yourself and your dependents?                                                                                                                                            |                         |                 |                   |                                               |
| Par        | t 2: Estimate Your Ongoing Monthly Expenses                                                                                                                              |                         |                 |                   |                                               |
| Est<br>exp | timate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a sublicable date.                           |                         |                 |                   |                                               |
| the        | lude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I</i> ficial Form 106I.)                         |                         |                 | Your exp          | enses                                         |
| `          | ,                                                                                                                                                                        |                         |                 |                   |                                               |
| 4.         | The rental or home ownership expenses for your residence payments and any rent for the ground or lot.                                                                    | . Include first mortgag | e<br>4. \$      |                   | 600.00                                        |
|            | If not included in line 4:                                                                                                                                               |                         |                 |                   |                                               |
|            | 4a. Real estate taxes                                                                                                                                                    |                         | 4a. \$          |                   | 0.00                                          |
|            | 4b. Property, homeowner's, or renter's insurance                                                                                                                         |                         | 4b. \$          |                   | 25.00                                         |
|            | 4c. Home maintenance, repair, and upkeep expenses                                                                                                                        |                         | 4c. \$          |                   | 0.00                                          |
| 5.         | <ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as l</li> </ul>                                  | home equity loans       | 4d. \$<br>5. \$ |                   | 0.00                                          |
| v.         | reactional inorthage paymonts for your residence, such as i                                                                                                              | HOLLIC CAULTY IDALIS    | υ. ψ            |                   | v.vv                                          |

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| Debtor              | Reuben Carr, Sr.                                                                                                                            | Case num   | ber (if known)                         |                        |  |  |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------|------------------------|--|--|
| 6. <b>Ut</b>        | ilities:                                                                                                                                    |            |                                        |                        |  |  |
| o. <b>o</b> .<br>6a |                                                                                                                                             | 6a.        | \$                                     | 200.00                 |  |  |
| 6b                  | •                                                                                                                                           | 6b.        | · · · ———————————————————————————————— | 0.00                   |  |  |
| 6c                  |                                                                                                                                             | 6c.        | ·                                      | 0.00                   |  |  |
| 6d                  |                                                                                                                                             | 6d.        |                                        | 91.00                  |  |  |
|                     | od and housekeeping supplies                                                                                                                | — 7.       |                                        |                        |  |  |
|                     | . •                                                                                                                                         | 7.<br>8.   | ·                                      | 500.00                 |  |  |
| _                   | ildcare and children's education costs                                                                                                      |            | \$                                     | 0.00                   |  |  |
|                     | othing, laundry, and dry cleaning                                                                                                           | 9.         | \$                                     | 50.00                  |  |  |
|                     | rsonal care products and services                                                                                                           | 10.        | \$                                     | 40.00                  |  |  |
|                     | dical and dental expenses                                                                                                                   | 11.        | \$                                     | 578.00                 |  |  |
|                     | ansportation. Include gas, maintenance, bus or train fare. not include car payments.                                                        | 12.        | \$                                     | 250.00                 |  |  |
|                     | tertainment, clubs, recreation, newspapers, magazines, and books                                                                            | 13.        | \$                                     | 50.00                  |  |  |
|                     | aritable contributions and religious donations                                                                                              | 14.        |                                        | 45.00                  |  |  |
|                     | surance.                                                                                                                                    |            | *                                      | 70.00                  |  |  |
|                     | not include insurance deducted from your pay or included in lines 4 or 20.                                                                  |            |                                        |                        |  |  |
|                     | a. Life insurance                                                                                                                           | 15a.       | \$                                     | 17.00                  |  |  |
| 15                  | b. Health insurance                                                                                                                         | 15b.       | \$                                     | 0.00                   |  |  |
| _                   | c. Vehicle insurance                                                                                                                        | 15c.       | ·                                      | 91.00                  |  |  |
|                     | d. Other insurance. Specify:                                                                                                                | 15d.       | · -                                    | 0.00                   |  |  |
|                     | xes. Do not include taxes deducted from your pay or included in lines 4 or 20.                                                              |            | *                                      | 0.00                   |  |  |
| Sp                  | ecify:                                                                                                                                      | 16.        | \$                                     | 0.00                   |  |  |
|                     | stallment or lease payments:                                                                                                                |            |                                        |                        |  |  |
|                     | a. Car payments for Vehicle 1                                                                                                               | 17a.       | · -                                    | 0.00                   |  |  |
|                     | b. Car payments for Vehicle 2                                                                                                               | 17b.       | ·                                      | 0.00                   |  |  |
| 17                  | c. Other. Specify:                                                                                                                          | 17c.       | \$                                     | 0.00                   |  |  |
| 17                  | d. Other. Specify:                                                                                                                          | 17d.       | \$                                     | 0.00                   |  |  |
|                     | ur payments of alimony, maintenance, and support that you did not report as                                                                 |            | Ф                                      | 0.00                   |  |  |
|                     | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                                               | 18.        | · · · · · · · · · · · · · · · · · · ·  |                        |  |  |
|                     | her payments you make to support others who do not live with you.                                                                           | 40         | \$                                     | 0.00                   |  |  |
|                     | ecify:                                                                                                                                      | 19.        | !                                      |                        |  |  |
|                     | her real property expenses not included in lines 4 or 5 of this form or on Sched<br>a. Mortgages on other property                          | 20a.       |                                        | 0.00                   |  |  |
|                     |                                                                                                                                             |            |                                        | 0.00                   |  |  |
|                     | b. Real estate taxes                                                                                                                        | 20b.       | ·                                      | 0.00                   |  |  |
|                     | c. Property, homeowner's, or renter's insurance                                                                                             | 20c.       |                                        | 0.00                   |  |  |
|                     | d. Maintenance, repair, and upkeep expenses                                                                                                 | 20d.       |                                        | 0.00                   |  |  |
| 20                  | e. Homeowner's association or condominium dues                                                                                              | 20e.       | \$                                     | 0.00                   |  |  |
| l. <b>O</b> t       | her: Specify:                                                                                                                               | 21.        | +\$                                    | 0.00                   |  |  |
| 2. <b>C</b> a       | Iculate your monthly expenses                                                                                                               |            |                                        |                        |  |  |
|                     | a. Add lines 4 through 21.                                                                                                                  |            | \$                                     | 2,537.00               |  |  |
|                     | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                          |            | \$                                     | _,501100               |  |  |
|                     |                                                                                                                                             |            | ·                                      | 0.507.00               |  |  |
| 22                  | c. Add line 22a and 22b. The result is your monthly expenses.                                                                               |            | \$                                     | 2,537.00               |  |  |
| 3. <b>C</b> a       | Iculate your monthly net income.                                                                                                            |            |                                        |                        |  |  |
| 23                  | a. Copy line 12 (your combined monthly income) from Schedule I.                                                                             | 23a.       | \$                                     | 2,047.00               |  |  |
|                     | b. Copy your monthly expenses from line 22c above.                                                                                          | 23b.       | -\$                                    | 2,537.00               |  |  |
|                     |                                                                                                                                             |            |                                        | ,                      |  |  |
| 23                  | c. Subtract your monthly expenses from your monthly income.                                                                                 | 23c.       | \$                                     | -490.00                |  |  |
|                     | The result is your monthly net income.                                                                                                      | 200.       |                                        |                        |  |  |
|                     | Do you expect an increase or decrease in your expenses within the year after you file this form?                                            |            |                                        |                        |  |  |
|                     | example, do you expect to finish paying for your car loan within the year or do you expect your redification to the terms of your mortgage? | mortgage p | payment to increase                    | or decrease because of |  |  |
|                     | , , ,                                                                                                                                       |            |                                        |                        |  |  |
|                     | No.                                                                                                                                         |            |                                        |                        |  |  |
|                     | Yes. Explain here:                                                                                                                          |            |                                        |                        |  |  |

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| Fill in this infor                                       | mation to identify you                                                                                                                         | ır case:                  |                            |                        |                                                                         |  |  |  |  |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|------------------------|-------------------------------------------------------------------------|--|--|--|--|
| Debtor 1                                                 | Reuben Carr, S                                                                                                                                 | r.                        |                            |                        |                                                                         |  |  |  |  |
|                                                          | First Name                                                                                                                                     | Middle Name               | Last Name                  |                        |                                                                         |  |  |  |  |
| Debtor 2<br>(Spouse if, filing)                          | First Name                                                                                                                                     | Middle Name               | Last Name                  |                        |                                                                         |  |  |  |  |
| United States Ba                                         | ankruptcy Court for the                                                                                                                        | NORTHERN DISTRICT         | OF ILLINOIS                |                        |                                                                         |  |  |  |  |
| Case number (if known)                                   |                                                                                                                                                |                           |                            |                        | ☐ Check if this is an amended filing                                    |  |  |  |  |
| Official Forn                                            | m 106Dec                                                                                                                                       |                           |                            |                        |                                                                         |  |  |  |  |
| Declarat                                                 | tion About                                                                                                                                     | an Individual             | Debtor's Sc                | hedules                | 12/15                                                                   |  |  |  |  |
| You must file thi<br>obtaining mone<br>years, or both. 1 | is form whenever you                                                                                                                           | in connection with a bank | or amended schedules.      | . Making a false state | ment, concealing property, or<br>), or imprisonment for up to 20        |  |  |  |  |
| Did you pa                                               | y or agree to pay son                                                                                                                          | neone who is NOT an attor | ney to help you fill out b | ankruptcy forms?       |                                                                         |  |  |  |  |
| ■ No                                                     |                                                                                                                                                |                           |                            |                        |                                                                         |  |  |  |  |
| ☐ Yes.                                                   | Name of person                                                                                                                                 |                           |                            |                        | ruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |  |  |  |  |
|                                                          | Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. |                           |                            |                        |                                                                         |  |  |  |  |
| X /s/ Rei                                                | ıben Carr. Sr.                                                                                                                                 |                           | X                          |                        |                                                                         |  |  |  |  |

Signature of Debtor 2

Date

Reuben Carr, Sr. Signature of Debtor 1

Date July 24, 2018

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| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Fart 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married Not married Not married  During the last 3 years, have you lived anywhere other than where you live now?  Pebtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community propestates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1 Sources of income Gross income Gross income Gross income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                               |                                                     |                                                        |                               |                           |                    |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|-------------------------------|---------------------------|--------------------|--|--|--|
| Debtor 2   Fist Name   Mode Name   Last Name   Last Name   Debtor 2   Fist Name   Mode Name   Last Name   Last Name   Debtor 2   Fist Name   Mode Name   Last Name   Last Name   Debtor 2   Fist Name   Mode Name   Last Name   Debtor 2   Check if this is an amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fill                | l in this infor                                                                               | mation to identify you                              | r case:                                                |                               |                           |                    |  |  |  |
| Debtor 2 (Spouse A, Hing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (If Aroam)  Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1 lived there li | Del                 | btor 1                                                                                        |                                                     |                                                        |                               |                           |                    |  |  |  |
| United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS    Check if this is an armended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _                   | h. ( O                                                                                        | First Name                                          | Middle Name                                            | Last Name                     |                           |                    |  |  |  |
| Case number   Check if this is an amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _                   |                                                                                               | First Name                                          | Middle Name                                            | Last Name                     |                           |                    |  |  |  |
| Case number   Check if this is an amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lln                 | itad Statos B                                                                                 | ankriintay Court for tha                            | NODTHEDNI DISTDICT                                     | OE II LINOIS                  |                           |                    |  |  |  |
| Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part I: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married Not married  During the last 3 years, have you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1  Sources of income Cross income Check all that apply. (before deductions and Check all that apply). (before deductions and Check all that apply).                                                                                                                                                                                                                                                                                                     | Uni                 | iled States B                                                                                 | ankruptcy Court for the:                            | NORTHERN DISTRICT                                      | OF ILLINOIS                   |                           |                    |  |  |  |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married Not married  During the last 3 years, have you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1 lived there  Debtor 2 Prior Address: Dates Debtor 2 lived there  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community properstates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income Check all that apply.  Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor deductions and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                               |                                                     |                                                        |                               |                           |                    |  |  |  |
| Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?    Married   Not married                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sta<br>Be a<br>info | atemen                                                                                        | and accurate as poss<br>more space is needed,       | ible. If two married people attach a separate sheet to | are filing together, both are | e equally responsible for |                    |  |  |  |
| ■ Married  During the last 3 years, have you lived anywhere other than where you live now?  ■ No  Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address:  Dates Debtor 1   Debtor 2 Prior Address:   Dates Debtor 2   lived there                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                               | ,                                                   |                                                        | u Lived Before                |                           |                    |  |  |  |
| □ Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  □ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: □ Dates Debtor 1   Debtor 2 Prior Address: □ Dates Debtor 2   lived there  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community propestates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  □ No □ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.                  | What is yo                                                                                    | ur current marital statu                            | ıs?                                                    |                               |                           |                    |  |  |  |
| No   Yes. List all of the places you lived in the last 3 years. Do not include where you live now.   Debtor 1 Prior Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | _                                                                                             |                                                     |                                                        |                               |                           |                    |  |  |  |
| Debtor 1 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 2   Debtor 2   Debtor 2 Prior Address: Dates Debtor 2   Debtor 2   Debtor 2   Debtor 2   Debtor 2   Debtor 2   Debtor 3   Debtor 3   Debtor 4   Debtor 5   Debtor 5   Debtor 6   Debtor 7   Debtor 8   Debtor 9   D | 2.                  | During the last 3 years, have you lived anywhere other than where you live now?               |                                                     |                                                        |                               |                           |                    |  |  |  |
| Debtor 1 Prior Address:  Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 2   Debtor 2 Prior Address: Dates Debtor 2   Debtor 3   Debtor 2   Debtor 4   Debtor 5   Debtor 5   Debtor 6   Debtor 6   Debtor 7   Debtor 8   Debtor 9   Debtor 9 |                     | ■ No                                                                                          |                                                     |                                                        |                               |                           |                    |  |  |  |
| Sources of income Check all that apply.   Sources of income (Community property state or territory? (Community property states and seminatory? (Community property states or territory? (Communit   |                     | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |                                                     |                                                        |                               |                           |                    |  |  |  |
| States and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income Check all that apply.  Gross income Check all that apply.  Gross income Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | Debtor 1 F                                                                                    | Prior Address:                                      |                                                        | Debtor 2 Prior A              | ddress:                   |                    |  |  |  |
| ☐ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                               |                                                     |                                                        |                               |                           |                    |  |  |  |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Gross income (before deductions and Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Pal                 | ☐ Yes. M                                                                                      | •                                                   | ,                                                      | Official Form 106H).          |                           |                    |  |  |  |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Gross income (before deductions and Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · u                 | Expit                                                                                         |                                                     |                                                        |                               |                           |                    |  |  |  |
| Debtor 1  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Check all that apply.  Gross income Check all that apply.  Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4.                  | Fill in the to If you are fil                                                                 | tal amount of income yo<br>ing a joint case and you | u received from all jobs and                           | all businesses, including par | t-time activities.        | calendar years?    |  |  |  |
| Sources of income Check all that apply.  Gross income (before deductions and Check all that apply.  Gross income Check all that apply.  Gross income Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | <u> </u>                                                                                      | ar the details.                                     |                                                        |                               |                           |                    |  |  |  |
| Check all that apply. (before deductions and Check all that apply. (before deduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                               |                                                     |                                                        |                               |                           |                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                               |                                                     |                                                        | (before deductions and        |                           | (before deductions |  |  |  |

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| 5.                                                                  | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. |              |                             |                              |                         |                                   |                        |                                                       |         |                                    |              |                                                       |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|------------------------------|-------------------------|-----------------------------------|------------------------|-------------------------------------------------------|---------|------------------------------------|--------------|-------------------------------------------------------|
|                                                                     | List e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ach s        | ource and t                 | he gross inco                | me from eac             | ch source separ                   | ately. Do r            | not include income                                    | e that  | you listed in line                 | e 4.         |                                                       |
|                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No<br>Yes. I | Fill in the de              | tails.                       |                         |                                   |                        |                                                       |         |                                    |              |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                             |                              | Debtor 1                |                                   |                        |                                                       | -       | Debtor 2                           |              |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                             |                              | Sources o<br>Describe b |                                   | each                   | s income from<br>source<br>e deductions and<br>sions) | 5       | Sources of inco<br>Describe below. |              | Gross income<br>(before deductions<br>and exclusions) |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | 1 of currer<br>iled for ban | nt year until<br>kruptcy:    | Social De               | ecurity                           |                        | \$3,088.00                                            | 0       |                                    |              |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                             |                              | Pension                 |                                   |                        | \$1,007.00                                            | 0       |                                    |              |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | dar year:<br>December :     | 31, 2017 )                   | Social Se               | ecurity                           |                        | \$18,624.00                                           | 0       |                                    |              |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                             |                              | Pension                 |                                   |                        | \$12,084.00                                           | 0       |                                    |              |                                                       |
| For the calendar year before that: (January 1 to December 31, 2016) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | Social Se                   | ecurity                      |                         | \$18,506.00                       | 0                      |                                                       |         |                                    |              |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                             |                              | Pension                 |                                   |                        | \$12,084.00                                           | 0       |                                    |              |                                                       |
| Pa                                                                  | rt 3:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | List         | Certain Pa                  | vments You                   | Made Befor              | re You Filed fo                   | r Bankrup              | tcv                                                   |         |                                    |              |                                                       |
| 6.                                                                  | Are e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | Debtor 1's<br>Neither De    | or Debtor 2'                 | s debts pri             | marily consum                     | er debts?<br>sumer del | ots. Consumer de                                      | ebts ar | e defined in 11                    | U.S.C. § 101 | (8) as "incurred by an                                |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | individual p                | rimarily for a               | personal, fa            | mily, or househ                   | old purpos             | e."                                                   |         |                                    |              |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | During the No.              | 90 days befo<br>Go to line 7 | •                       | for bankruptcy,                   | did you pa             | y any creditor a to                                   | otal of | \$6,425* or mor                    | e?           |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | □ Yes                       | paid that cre                | editor. Do no           | ot include payme                  | ents for do            | mestic support ob                                     |         |                                    |              | ne total amount you<br>nd alimony. Also, do           |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | * Subject                   |                              |                         | an attorney for and every 3 yea   |                        | uptcy case.<br>at for cases filed c                   | on or a | after the date of                  | adjustment.  |                                                       |
|                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes.         |                             |                              |                         | primarily cons<br>for bankruptcy, |                        | ots.<br>y any creditor a to                           | otal of | \$600 or more?                     |              |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | ■ No.                       | Go to line 7                 |                         |                                   |                        |                                                       |         |                                    |              |                                                       |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | ☐ Yes                       |                              | ments for do            | mestic support                    |                        | of \$600 or more a<br>s, such as child su             |         |                                    |              | creditor. Do not nclude payments to an                |
|                                                                     | Cred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ditor's      | s Name and                  | l Address                    |                         | Dates of paym                     | nent                   | Total amount                                          | ,       | Amount you                         | Was this p   | ayment for                                            |

| Deb  | tor 1                | Reuben Carr, Sr.                                                                                                                                                                         | Document                                                   | age 32 of 45                                     | se number ( <i>if known</i> )               |                                 |                                                      |
|------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|---------------------------------|------------------------------------------------------|
|      |                      |                                                                                                                                                                                          |                                                            |                                                  |                                             |                                 |                                                      |
|      | <i>Inside</i> of whi | n 1 year before you filed for bankrupto<br>ers include your relatives; any general pa<br>ich you are an officer, director, person in<br>iness you operate as a sole proprietor. 1<br>ny. | rtners; relatives of any gen<br>control, or owner of 20% o | eral partners; partner<br>r more of their voting | erships of which yo<br>g securities; and ar | u are a genera<br>ny managing a | al partner; corporations<br>agent, including one for |
|      | `                    | No<br>Yes. List all payments to an insider.                                                                                                                                              |                                                            |                                                  |                                             |                                 |                                                      |
|      | Insid                | der's Name and Address                                                                                                                                                                   | Dates of payment                                           | Total amount paid                                | Amount you still owe                        | Reason for                      | this payment                                         |
|      | inside<br>Includ     | de payments on debts guaranteed or cos                                                                                                                                                   |                                                            | ments or transfer a                              | any property on a                           | ccount of a de                  | ebt that benefited an                                |
|      |                      | No<br>Yes. List all payments to an insider                                                                                                                                               |                                                            |                                                  |                                             |                                 |                                                      |
|      |                      | der's Name and Address                                                                                                                                                                   | Dates of payment                                           | Total amount paid                                | Amount you still owe                        | Reason for<br>Include cred      | this payment<br>litor's name                         |
| Parí | t 4:                 | Identify Legal Actions, Repossession                                                                                                                                                     | ns, and Foreclosures                                       |                                                  |                                             |                                 |                                                      |
|      | List al              | n 1 year before you filed for bankrupte Il such matters, including personal injury ications, and contract disputes.  No Yes. Fill in the details.                                        |                                                            |                                                  |                                             |                                 |                                                      |
|      |                      | e title<br>e number                                                                                                                                                                      | Nature of the case                                         | Court or agency                                  |                                             | Status of th                    | ne case                                              |
|      | Check                | n 1 year before you filed for bankrupton to the details below No. Go to line 11.  Yes. Fill in the information below.                                                                    |                                                            | erty repossessed, f                              | oreclosed, garnis                           | hed, attached                   | d, seized, or levied?                                |
|      | Cred                 | litor Name and Address                                                                                                                                                                   | Describe the Property  Explain what happened               |                                                  | Date                                        |                                 | Value of the property                                |
|      | accoi                | n 90 days before you filed for bankrup<br>unts or refuse to make a payment bec<br>No<br>Yes. Fill in the details.                                                                        | otcy, did any creditor, inc                                |                                                  | nancial institution                         | , set off any a                 | amounts from your                                    |
|      | Cred                 | litor Name and Address                                                                                                                                                                   | Describe the action the                                    | creditor took                                    | Date taken                                  | action was                      | Amount                                               |
|      | court                | n 1 year before you filed for bankrupto<br>-appointed receiver, a custodian, or a                                                                                                        |                                                            | erty in the possess                              | ion of an assigne                           | e for the bene                  | efit of creditors, a                                 |
|      | _                    | No<br>Yes                                                                                                                                                                                |                                                            |                                                  |                                             |                                 |                                                      |
| Part | t 5:                 | List Certain Gifts and Contributions                                                                                                                                                     |                                                            |                                                  |                                             |                                 |                                                      |
| 13.  | _                    | <b>n 2 years before you filed for bankrup</b><br>No                                                                                                                                      | tcy, did you give any gifts                                | s with a total value                             | of more than \$60                           | 0 per person                    | ?                                                    |
|      |                      | Yes. Fill in the details for each gift.                                                                                                                                                  |                                                            |                                                  |                                             |                                 |                                                      |
|      |                      | s with a total value of more than \$600 person                                                                                                                                           | Describe the gifts                                         |                                                  | Dates<br>the gi                             | s you gave<br>ifts              | Value                                                |

Person to Whom You Gave the Gift and Address:

Case 18-20730 Doc 1 Filed 07/24/18 Entered 07/24/18 17:34:01 Page 33 of 45 Case number (if known) Document Debtor 1 Reuben Carr, Sr. 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You \$1,500.00 Retainer plus filing fee of 12/08/17 \$1,806.00 **Leonard R Gargas** 10004 W 190th Place \$306.00 Mokena, IL 60448 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο

Yes. Fill in the details.

**Person Who Was Paid** Description and value of any property Amount of Date payment Address transferred or transfer was payment made

Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

**Person Who Received Transfer** Description and value of Describe any property or Date transfer was payments received or debts **Address** property transferred made paid in exchange Person's relationship to you

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| 19. | beneficiary? (These are often called asset-pro-                                                                                                                                                                                                                                                                                                           |                                                                          | y property to a  | a self-settle | ed trust or similar device                           | of which you are a                            |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------|---------------|------------------------------------------------------|-----------------------------------------------|--|--|
|     | ☐ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                               |                                                                          |                  |               |                                                      |                                               |  |  |
|     | Name of trust                                                                                                                                                                                                                                                                                                                                             | Description and v                                                        | alue of the pro  | perty tran    | sferred                                              | Date Transfer was made                        |  |  |
| Par | t 8: List of Certain Financial Accounts, Ins                                                                                                                                                                                                                                                                                                              | truments, Safe Deposit                                                   | t Boxes, and S   | torage Uni    | ts                                                   |                                               |  |  |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc                                                                                                                                                                                         | r other financial accou                                                  | nts; certificate | s of depos    |                                                      | , ,                                           |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                 |                                                                          |                  |               |                                                      |                                               |  |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                      | Last 4 digits of account number                                          | Type of acco     | ount or       | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |
| ,   | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?                                                                                                                                                                                        |                                                                          |                  |               |                                                      |                                               |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                          |                                                                          |                  |               |                                                      |                                               |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                       | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                  | Describe      | the contents                                         | Do you still have it?                         |  |  |
| 22. | Have you stored property in a storage unit o                                                                                                                                                                                                                                                                                                              | r place other than your                                                  | home within 1    | l year befo   | re you filed for bankrupt                            | cy?                                           |  |  |
|     | No                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                  |               |                                                      |                                               |  |  |
|     | ☐ Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                 | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                  | Describe      | the contents                                         | Do you still have it?                         |  |  |
| Par | t 9: Identify Property You Hold or Control t                                                                                                                                                                                                                                                                                                              | ,                                                                        |                  |               |                                                      |                                               |  |  |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.                                                                                                                                                                                                        |                                                                          |                  |               |                                                      |                                               |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                          |                                                                          |                  |               |                                                      |                                               |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                        | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                  | Describe      | the property                                         | Value                                         |  |  |
| Par | t 10: Give Details About Environmental Info                                                                                                                                                                                                                                                                                                               | ormation                                                                 |                  |               |                                                      |                                               |  |  |
| For | the purpose of Part 10, the following definition                                                                                                                                                                                                                                                                                                          | ons apply:                                                               |                  |               |                                                      |                                               |  |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |                                                                          |                  |               |                                                      |                                               |  |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.                                                                                                                                                      |                                                                          |                  |               |                                                      |                                               |  |  |
|     | Hazardous material means anything an environment, hazardous material, pollutant, contaminant,                                                                                                                                                                                                                                                             |                                                                          | as a hazardous   | s waste, ha   | azardous substance, toxi                             | c substance,                                  |  |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1

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Debtor 1 Reuben Carr, Sr.

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |                                                                                                                                  |                       |                                                                           |           |                                                        |                    |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------|-----------|--------------------------------------------------------|--------------------|--|--|--|
|                                                                                                                                            | Yes. Fill in the details.                                                                                                        |                       |                                                                           |           |                                                        |                    |  |  |  |
|                                                                                                                                            | Name of site<br>Address (Number, Street, City, S                                                                                 | State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) |           | vironmental law, if you<br>ow it                       | Date of notice     |  |  |  |
| 25.                                                                                                                                        | Have you notified any gove                                                                                                       | rnmental unit of any  | y release of hazardous material?                                          |           |                                                        |                    |  |  |  |
|                                                                                                                                            | No                                                                                                                               |                       |                                                                           |           |                                                        |                    |  |  |  |
|                                                                                                                                            | ☐ Yes. Fill in the details.                                                                                                      |                       |                                                                           |           |                                                        |                    |  |  |  |
|                                                                                                                                            | Name of site<br>Address (Number, Street, City, S                                                                                 | State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) |           | vironmental law, if you<br>ow it                       | Date of notice     |  |  |  |
| 26.                                                                                                                                        | Have you been a party in ar                                                                                                      | ny judicial or admini | istrative proceeding under any env                                        | ironmen   | tal law? Include settlements                           | and orders.        |  |  |  |
|                                                                                                                                            | No Yes. Fill in the details.                                                                                                     |                       |                                                                           |           |                                                        |                    |  |  |  |
|                                                                                                                                            | Case Title<br>Case Number                                                                                                        |                       | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature    | of the case                                            | Status of the case |  |  |  |
| Par                                                                                                                                        | t 11: Give Details About Yo                                                                                                      | our Business or Co    | nnections to Any Business                                                 |           |                                                        |                    |  |  |  |
|                                                                                                                                            | <del></del>                                                                                                                      |                       | -                                                                         | ov of the | following connections to an                            | v business?        |  |  |  |
| 27.                                                                                                                                        | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? |                       |                                                                           |           |                                                        |                    |  |  |  |
|                                                                                                                                            | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                    |                       |                                                                           |           |                                                        |                    |  |  |  |
|                                                                                                                                            | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)                                           |                       |                                                                           |           |                                                        |                    |  |  |  |
|                                                                                                                                            | ☐ A partner in a partn                                                                                                           | •                     |                                                                           |           |                                                        |                    |  |  |  |
|                                                                                                                                            | ☐ An officer, director,                                                                                                          | or managing execu     | itive of a corporation                                                    |           |                                                        |                    |  |  |  |
|                                                                                                                                            | ☐ An owner of at leas                                                                                                            | t 5% of the voting o  | r equity securities of a corporation                                      |           |                                                        |                    |  |  |  |
|                                                                                                                                            | No. None of the above                                                                                                            | applies. Go to Part   | t 12.                                                                     |           |                                                        |                    |  |  |  |
|                                                                                                                                            | ☐ Yes. Check all that app                                                                                                        | oly above and fill in | the details below for each busines                                        | s.        |                                                        |                    |  |  |  |
|                                                                                                                                            | Business Name                                                                                                                    | De                    | escribe the nature of the business                                        |           | mployer Identification numbe                           |                    |  |  |  |
|                                                                                                                                            | Address<br>(Number, Street, City, State and ZIF                                                                                  | Code) Na              | ame of accountant or bookkeeper                                           |           | o not include Social Security<br>ates business existed | number of ITIN.    |  |  |  |
| 28.                                                                                                                                        | Within 2 years before you fi institutions, creditors, or of                                                                      |                       | did you give a financial statement                                        | to anyon  | e about your business? Incl                            | ude all financial  |  |  |  |
|                                                                                                                                            | ■ No □ Yes. Fill in the details I                                                                                                | below.                |                                                                           |           |                                                        |                    |  |  |  |
|                                                                                                                                            | Name Address (Number, Street, City, State and ZIF                                                                                |                       | ate Issued                                                                |           |                                                        |                    |  |  |  |
|                                                                                                                                            | , , , , , , , , , , , , , , , , , , , ,                                                                                          |                       |                                                                           |           |                                                        |                    |  |  |  |

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Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Reuben Carr, Sr.

Reuben Carr, Sr.

Signature of Debtor 2

Signature of Debtor 1

Date

July 24, 2018

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| Debtor 1            | Reuben Carr, Sr.         |                                                               |                   |                           |      |  |  |  |  |  |
|---------------------|--------------------------|---------------------------------------------------------------|-------------------|---------------------------|------|--|--|--|--|--|
|                     | First Name               | Middle Name                                                   | Last Name         |                           |      |  |  |  |  |  |
| Debtor 2            |                          |                                                               |                   |                           |      |  |  |  |  |  |
| (Spouse if, filing) | First Name               | Middle Name                                                   | Last Name         |                           |      |  |  |  |  |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT                                             | OF ILLINOIS       |                           |      |  |  |  |  |  |
| Case number         |                          |                                                               |                   |                           |      |  |  |  |  |  |
| (if known)          |                          |                                                               |                   | ☐ Check if thi amended fi |      |  |  |  |  |  |
|                     | 400                      |                                                               |                   |                           |      |  |  |  |  |  |
| Official Fo         | orm 108                  | Statement of Intention for Individuals Filing Under Chapter 7 |                   |                           |      |  |  |  |  |  |
|                     |                          | n for Individu                                                | uals Filing Under | Chapter 7                 | 12/1 |  |  |  |  |  |
|                     | nt of Intentio           | n for Individu                                                |                   | Chapter 7                 | 12/1 |  |  |  |  |  |

on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

sign and date the form.

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C |
|-----------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|
| Creditor's                                                | ☐ Surrender the property.                                          | □ No                                               |
| name:                                                     | Retain the property and redeem it.                                 |                                                    |
| Description of                                            | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes                                              |
| property                                                  | ☐ Retain the property and [explain]:                               |                                                    |
| securing debt:                                            |                                                                    |                                                    |
| Creditor's                                                | ☐ Surrender the property.                                          | □ No                                               |
| name:                                                     | ☐ Retain the property and redeem it.                               |                                                    |
| Description of                                            | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes                                              |
| property                                                  | ☐ Retain the property and [explain]:                               |                                                    |
| securing debt:                                            |                                                                    |                                                    |
| Creditor's                                                | ☐ Surrender the property.                                          | □ No                                               |
| name:                                                     | ☐ Retain the property and redeem it.                               |                                                    |
| Description of                                            | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes                                              |
| property                                                  | ☐ Retain the property and [explain]:                               |                                                    |
| securing debt:                                            |                                                                    |                                                    |
| Creditor's                                                | ☐ Surrender the property.                                          | □ No                                               |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1              | Reuben Carr, Sr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Case number (if I                                                                                                                                                           | known)                                  |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| name:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Retain the property and redeem it.                                                                                                                                        | ☐ Yes                                   |
| Descrip               | otion of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.                                                                                                          |                                         |
| propert               | у                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Retain the property and [explain]:                                                                                                                                        |                                         |
| securin               | g debt:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |                                         |
| Part 2:               | List Your Unexpired Personal Propert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | v Leases                                                                                                                                                                    |                                         |
| For any ui            | nexpired personal property lease that the property lease th | you listed in Schedule G: Executory Contracts and Une eases. Unexpired leases are leases that are still in effectly lease if the trustee does not assume it. 11 U.S.C. § 36 | ct; the lease period has not yet ended. |
| Describe              | your unexpired personal property leas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ses                                                                                                                                                                         | Will the lease be assumed?              |
| Lessor's r            | name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             | □ No                                    |
|                       | on of leased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             | _                                       |
| Property:             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             | ☐ Yes                                   |
| Lessor's r            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             | □ No                                    |
| Property:             | on of leased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             | ☐ Yes                                   |
| Lessor's r            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             | □ No                                    |
| Description Property: | on of leased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             | ☐ Yes                                   |
| Lessor's r            | name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             | □ No                                    |
| Description           | on of leased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             | <b>—</b> 140                            |
| Property:             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             | ☐ Yes                                   |
| Lessor's r            | name:<br>on of leased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             | □ No                                    |
| Property:             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             | ☐ Yes                                   |
| Lessor's r            | name:<br>on of leased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             | □ No                                    |
| Property:             | on or reased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             | ☐ Yes                                   |
| Lessor's r            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             | □ No                                    |
| Property:             | on of leased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             | ☐ Yes                                   |
| Part 3:               | Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |                                         |
|                       | nalty of perjury, I declare that I have ind<br>hat is subject to an unexpired lease.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dicated my intention about any property of my estate th                                                                                                                     | at secures a debt and any personal      |
|                       | Reuben Carr, Sr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | x                                                                                                                                                                           |                                         |
|                       | ben Carr, Sr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Signature of Debtor 2                                                                                                                                                       |                                         |
| Sign                  | ature of Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |                                         |
| Date                  | July 24, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date                                                                                                                                                                        |                                         |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-20730 Doc 1 Filed 07/24/18 Entered 07/24/18 17:34:01 Desc Main Document Page 43 of 45

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In re                                                                                                                            | Reuben Carr, Sr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | Case No.             |                                    |    |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------|------------------------------------|----|
|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Debtor(s)                               | Chapter              | 7                                  | _  |
|                                                                                                                                  | DISCLOSURE OF COMPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ENSATION OF ATTO                        | RNEY FOR DE          | BTOR(S)                            |    |
| (                                                                                                                                | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filible rendered on behalf of the debtor(s) in contemplation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ng of the petition in bankruptcy,       | or agreed to be paid | to me, for services rendered or to | )  |
|                                                                                                                                  | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | <b>\$</b>            | 1,500.00                           |    |
|                                                                                                                                  | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                      | 1,500.00                           |    |
|                                                                                                                                  | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | \$                   | 0.00                               |    |
| 2.                                                                                                                               | \$ of the filing fee has been paid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                      |                                    |    |
| 3. ′                                                                                                                             | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                      |                                    |    |
|                                                                                                                                  | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                      |                                    |    |
| 4. ′                                                                                                                             | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                      |                                    |    |
|                                                                                                                                  | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                      |                                    |    |
| 5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of m |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                      | pers and associates of my law firm | n. |
|                                                                                                                                  | ☐ I have agreed to share the above-disclosed compensory of the agreement, together with a list of the national control of the national control of the same of the |                                         |                      |                                    |    |
| 6.                                                                                                                               | n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                      |                                    |    |
| 1                                                                                                                                | <ul><li>a. Analysis of the debtor's financial situation, and rend</li><li>b. Preparation and filing of any petition, schedules, sta</li><li>c. Representation of the debtor at the meeting of credit</li><li>d. [Other provisions as needed]</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tement of affairs and plan which        | may be required;     |                                    |    |
| <b>7.</b> ]                                                                                                                      | By agreement with the debtor(s), the above-disclosed fee does not include the following service:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                      |                                    |    |
|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CERTIFICATION                           |                      |                                    |    |
|                                                                                                                                  | I certify that the foregoing is a complete statement of an<br>pankruptcy proceeding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ny agreement or arrangement for         | payment to me for re | epresentation of the debtor(s) in  |    |
| J                                                                                                                                | uly 24, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | /s/ Leonard R Ga                        |                      |                                    |    |
| Date                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Leonard R Garga<br>Signature of Attorne |                      |                                    |    |
|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Attorney Leonard                        | R. Gargas            |                                    |    |
|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10004 W 190th Pl<br>Mokena, IL 60448    |                      |                                    |    |
|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 708 633-0300 Fa                         | x: 708 633-0444      |                                    |    |
|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | gargaslaw@aol.c                         | om                   |                                    |    |
|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of law firm                        |                      |                                    |    |

## **United States Bankruptcy Court** Northern District of Illinois

| In re | Reuben Carr, Sr.                                                                                                            |                                                             | Case No.  |   |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|---|--|
|       |                                                                                                                             | Debtor(s)                                                   | Chapter 7 |   |  |
|       | VERIFICATION OF CREDITOR MATRIX                                                                                             |                                                             |           |   |  |
|       |                                                                                                                             | Number of C                                                 | reditors: | 8 |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |                                                             |           |   |  |
| Date: | July 24, 2018                                                                                                               | /s/ Reuben Carr, Sr.  Reuben Carr, Sr.  Signature of Debtor |           |   |  |

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Capital One / Menard Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Correspondence Po Box 15278 Wilmington, DE 19850

Citibank / Sears Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63129

Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179

Ocwen Loan Servicing, Llc Attn: Research/Bankruptcy 1661 Worthington Rd Ste 100 West Palm Bch, FL 33409

US Bank/Rms CC Card Member Services Po Box 108 St Louis, MO 63166